

# Returning Student Application

Students seeking readmission must resolve any outstanding financial obligations before their application for readmission will be considered.

1. Student ID No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. Full Legal Name: \_\_\_\_\_  
(Last) (First) (Middle)

3. Previous Name: \_\_\_\_\_

4. Current Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

5. Year and Term you plan to re-enter: Year: \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_

Term last enrolled: Year: \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_

6. Program you are applying for: \_\_\_\_\_

7. Resident information: Need on campus housing: \_\_\_\_\_ Commuter: \_\_\_\_\_

8. Did you receive a merit scholarship from Thomas College? Yes \_\_\_ No \_\_\_

9. Reason for return to Thomas College: (attach a separate if necessary) \_\_\_\_\_

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I certify that this information is complete and correct to the best of my knowledge. I agree to abide by the policies, rules and regulations at Thomas College. I further understand that this information will be used by officials of the college in determining my eligibility for re-admittance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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For office use only:

Eligible to return Academic: \_\_\_\_\_ Probation Y or N

Financial: \_\_\_\_\_

Merit Appeal: \_\_\_\_\_ CUM GPA